

Officeholder and Candidate
Campaign Statement
Form 470 Supplement
(Government Code Section 84206)

FORM 470 SUPPLEMENT

Type or print in ink.

Date Stamp RECEIVED 25 OCT 23 AM 8:00 JENNIFER A. LORRELL CLERK	CALIFORNIA 1994 FORM 470 SUPPLEMENT For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

I Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Colleen Dixon

RESIDENTIAL OR BUSINESS ADDRESS

(NO. AND STREET)

333 HILBOEN ST

CITY

STATE

ZIP CODE

Lodi CA

93240

AREA CODE/DAYTIME PHONE NUMBER

916-428-2918

II Information on Office Sought

OFFICE SOUGHT

member, City Council

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

NOV. 5, 1994

III Date Contributions Totaling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

10-28-94

(MONTH, DAY, YEAR)